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CONFIRMATION NO. 2933

Bib Data Sheet

SERIAL NUMBER 10/605,934	FILING DATE 11/06/2003 RULE	CLASS 030	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 42994.0217
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APPLICANTS

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** CONTINUING DATA ***** *isp*

This application is a CON of 10/053,719 01/22/2002 PAT 6,688,003
 which is a CIP of 09/676,132 09/29/2000 PAT 6,354,007

** FOREIGN APPLICATIONS ***** *isp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>isp</i>	Initials		

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TITLE

UTILITY KNIFE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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